

**COMMITTEE ON DENTAL AUXILIARIES**

2005 Evergreen Street, Suite 1050, Sacramento, CA 95815

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**RDHAP APPLICATION for  
 LICENSURE and  
 LAW & ETHICS  
 EXAMINATION**

**For Official Use Only**

Rec# \_\_\_\_\_ File # \_\_\_\_\_ Cycle Code: \_\_\_\_\_

HAP School: \_\_\_\_\_ HAP Graduation Date: \_\_\_\_\_

☐ Law ☐ Ethics Exam Date: \_\_\_\_\_

Exam Location: \_\_\_\_\_

☐ Sig ☐ Notary ☐ DOJ ☐ FBI

☐ Bachelor's ☐ Equivalent ☐ HMPP Letter

**Fee: \$20.00 Application Fee**

**No Fee Required for Law & Ethics Exam**

Please type or print clearly

|   |  |  |                            |
|---|--|--|----------------------------|
| 1. APPLICANT NAME: Last First Middle  |  |  | 2. Social Security Number: |
| List other names you have ever used:  |  |  | 3. Birth date (mm/dd/yy):  |
| 4. Address: City State Zip  | 5. Telephone Numbers:<br>Work ( )<br>Home( ) |  |                            |
| 6. Applying for:<br><br>Exam Date: _____ Exam Location: _____   |  | 7. RDH License Number<br><br>CA RDH License #: _____<br><br>Expiration Date: _____ |                            |
| 8. Fingerprinting Requirements pursuant to §1629(b) of the Business and Professions Code:<br>All applicants applying for licensure must be fingerprinted. Provide the 2 <sup>nd</sup> copy of the Livescan form that reads "2 <sup>nd</sup> Copy - Requesting Agency" or two completed fingerprint cards and required fees.   |  |  |                            |
| 9. Have you previously taken the California Law & Ethics Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, when was the exam taken? (mm/dd/yy) _____   |  |  |                            |
| 10. Do you have a disability or condition that requires special accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, fax COMDA a request for a "REQUEST FOR ACCOMMODATION" packet for exam.  |  |  |                            |
| 11. RDHAP Program: <input type="checkbox"/> West Los Angeles <input type="checkbox"/> University of the Pacific   |  |  |                            |
| 12. RDHAP Graduation Date: (mm/dd/yy)   |  |  |                            |
| 13. Status of Licensure in other States.<br>If you are currently licensed as a dental hygienist or have ever been licensed as a dental hygienist in another state, you must attach a current certification of licensure from each state. List each state here or write none if you have never been licensed in another state as a dental hygienist.   |  |  |                            |
| 14. Experience Requirement.<br><input type="checkbox"/> I certify that I have been engaged in clinical practice as a dental hygienist for a minimum of 2,000 hours during the immediately preceding 36 months. "Clinical practice" means the practice of dental hygiene as defined in Section 1760.5 of the Business and Professions Code, in any setting allowed by law and under the supervision specified by law. You must attach a "Certification of Dental Hygiene Clinical Practice" form with this application.  |  |  |                            |
| 15. Bachelor's Degree Requirement.<br>You must attach a copy of your diploma or official transcript(s) documenting that you have successfully completed a bachelor's degree or its equivalent from a college or institution of higher education that is accredited by a national agency recognized by the Council for Higher Education Accreditation (successor to the Council on Post Secondary Accreditation) or the United States Department of Education. The successful completion of 120 semester units or 180 quarter units or a combination thereof shall be considered the equivalent of a bachelor's degree. The formula for calculating the hours is as follows: Quarter Units X 2/3 (.666) = Semester Units and Semester Units X 1.5 = Quarter Units. |  |  |                            |

**16. Completion of Approved RDHAP Educational Program pursuant to § 1073.2 , Title 16, California Code of Regulations.** (If you have received a letter of acceptance into the employment utilization phase of the Health Manpower Pilot Project No. 155, prior to June 1, 1997, you do not have to meet this requirement.)

You must attach a certificate of completion or diploma as proof that you have successfully completed an RDHAP educational program approved by the Dental Board of California.

**17. If you have received a letter of acceptance into the employment utilization phase of the Health Manpower Pilot Project No. 155, prior to June 1, 1997 pursuant to §1073.2 (b), you must provide a copy of the letter.** (If you provide a letter of acceptance, you do not need to complete questions 14, 15, and 16.)

**18. With the exception of a conviction for an infraction resulting in a fine of less than \$300, have you ever been convicted of any crime, including an infraction, misdemeanor or felony?** ☐ Yes ☐ No

If yes, provide a detailed explanation.

"Conviction" includes a plea of no contest and any conviction that been set aside pursuant to § 1203.4 of the Penal code. Therefore, you must disclose any convictions in which you entered a plea of no contest and any convictions that were subsequently set aside pursuant to § 1203.4 of the Penal Code.

**19. Are there any pending investigations by any State or Federal agencies against you?** ☐ Yes ☐ No

If yes, provide a detailed explanation of circumstances surrounding the investigation and a copy of the document(s).

**20. Have you ever been denied a dental hygiene license or permission to take a dental hygiene examination?** ☐ Yes ☐ No

If yes, provide a detailed explanation of circumstances surrounding the denial and a copy of the document(s).

**21. Have you ever surrendered a dental hygiene license, either voluntarily or otherwise?** ☐ Yes ☐ No

If yes, provide a detailed explanation and a copy of all documents relating to the surrender.

**22. Do you have any pending or have you ever had any disciplinary action taken or charges filed against a dental hygiene license or other healing arts license? Include any disciplinary action taken by the U.S. Military, U.S. Public Health Service or other U.S. Federal Government entity?** ☐ Yes ☐ No

Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a dental hygiene license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.

**23. Execution of Application.**

Executed in \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I am the applicant for licensure referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully and completely.

*I certify under penalty of perjury under the laws of the State of California and automatic forfeiture of my California license if one is issued that the information I provided to the COMDA in this application is true and correct to the best of my knowledge and belief.*

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**Important Information: You must report to COMDA results of any actions which have been filed or were pending at the filing of this application. Failure to report this information may result in the denial of your application or subject your license to discipline pursuant to § 480(c) of the Business & Professions Code.**

### **Notice of Collection of Personal Information**

**Collection and Use of Personal Information.** The Committee on Dental Auxiliaries of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 1742 and 1753, and Title 16 California Code of Regulations Sections 1076 and 1077. The Committee uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, enforce licensing standards set by law and regulation.

**Mandatory Submission.** Submission of the requested information is mandatory. The Committee cannot consider your application for licensure unless you provide all of the requested information.

**Access to Personal Information.** You may review the records maintained by the Committee that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C. Sec. 405(c)(2)(C)) authorize collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your Social Security number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess \$100 penalty against you.

**Contact Information.** For questions about this notice or access to your records, you may contact the Committee on Dental Auxiliaries, 2005 Evergreen Street, Suite 1050, Sacramento, CA 95815, 916-263-2595.